Fill in this in	Fill in this information to identify the case:				
Debtor 1	Theresa M. LaDuke				
Debtor 2 (Spouse, if filing)					
United States I	3:16-bk-33589	District of Ohio (State)			

Form 4100R					
	Notice of Fi	inal Cure	Payment	ŧ	10/15
ccording to Bankrupto	cy Rule 3002.1(g), the cred	litor responds to th	e trustee's notice	e of final cure p	payment.
Part 1: Mortgage	Information				
Name of creditor:	U.S. Bank Trust, N.A	A., not in its indiv	idual capacity	but solely as	
trus	stee for the RMTP Tru	st, Series 2021 B	KM-TT 8 C) 8 2	2
Last 4 digits of any r	number you use to identi	fy the debtor's acc			_
Property address:	75 Mitchell Rd.				
, ,	Number Street				
	Wilmington	OH 451	 77		
	City	State ZIP Co			
on the creditor's c of this response is	s that the debtor(s) have p claim. Creditor asserts that s: on Mortgage Payment				
Check one:					
	at the debtor(s) are curren ode, including all fees, cha			sistent with § 13	322(b)(5) of
The next postpetit	tion payment from the deb	tor(s) is due on:	01 ,01 ,2 MM / DD /Y	022 YYY	
	at the debtor(s) are not cui Code, including all fees, c				3 1322(b)(5)
Creditor asserts th	hat the total amount remai	ning unpaid as of th	ne date of this res	sponse is:	
a. Total postpetit	ion ongoing payments due	e:			(a) \$
					() +
b. Total fees, cha	arges, expenses, escrow,	and costs outstand	ing:		+ (b) \$
b. Total fees, chac. Total. Add line		and costs outstand	ing:		· , · ·

Middle Name

Last Name

Case number (if known) 3:16-bk-33589

Part 4:

Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

Part 5:

Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim.

Check the appropriate box::

- ☐ I am the creditor.
- I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

Date 01,06,2022

Signature

Molly Slutsky Simons Print

Attorney for Creditor

Company

Sottile and Barile, Attorneys at Law

If different from the notice address listed on the proof of claim to which this response applies:

Address

394 Wards Corner Road, Suite 180

Number

₍₅₁₃₎ 444 _ 4100

45140 Loveland OH City ZIP Code State

 $_{\mathsf{Email}}$ bankruptcy@sottileandbarile.com

Form 4100R

Contact phone

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO DAYTON DIVISION

In Re: Case No. 3:16-bk-33589

Theresa M. LaDuke *fka* Theresa M. Clark *fka* Teri Clark

Chapter 13

Debtor. Judge Beth A. Buchanan

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing Response to Notice of Final Cure Payment was served **electronically** on January 6, 2022 through the Court's ECF System on all ECF participants registered in this case at the e-mail address registered with the Court

And by **first class mail** on January 6, 2022 addressed to:

Theresa M. LaDuke, Debtor 75 Mitchell Road Wilmington, OH 45177

Respectfully Submitted,

/s/ Molly Slutsky Simons

Molly Slutsky Simons (0083702) Sottile & Barile, Attorneys at Law 394 Wards Corner Road, Suite 180

Loveland, OH 45140 Phone: 513.444.4100

Email: bankruptcy@sottileandbarile.com

Attorney for Creditor